Duration of proton pump inhibitor abstinence before myocardial perfusion scintigraphy

The work of Singh et al.¹ takes further the concept that proton pump inhibitor (PPI) therapy is a significant cause of problematic artefacts in patients undergoing myocardial perfusion scintigraphy using technetium methoxy-isobutyl-isonitrile (sestamibi), which we also found in our experience.² Conducting their work as a randomized trial is a very commendable undertaking. We think it's a very important work as this phenomenon often may result in misinterpretation of perfusion of inferior left ventricular segments. Consequently, appropriate subsequent cardiac catheterisation procedures may be deemed unnecessary. The whole saga is common to departments and practices everywhere.

On further inspection of the work, we wondered if the 3-day abstinence from PPIs in the intervention group was optimal to eliminate the potential confounding effect. As is widely known, the half-life of the commonly used PPI medications is typically 1-2 hours. What matters more, clinically, though, is the rate of recovery of acid secretion. This is very variable for individual PPI agents—omeprazole 27.5 hours, lansoprazole 12.9 hours and pantoprazole 45.9 hours.³ With that consideration,

would PPI embargo durations be more appropriate if specific to the agent used?

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